



caducean

VOLUME 45, NUMBER 2

TRIPLER ARMY MEDICAL CENTER, HAWAII

FEBRUARY 12, 1996

In the News

Black History	Page 2
95 Years of Care	Page 4
EFMB Challenge	Page 6

Tripler Prayer Breakfast

Everyone is invited to attend Tripler's observance of the National Prayer Breakfast in the Dining Facility, Wednesday at 6:30 a.m. The guest speaker is Lt. Gen. David A. Bramlett, deputy commander in chief and chief of staff, U.S. Pacific Command. The event will also feature music from the 25 Infantry Division (Light) Chorus.

The day is observed by national and military leaders joining in prayer to seek a common vision and reaffirm the spiritual beliefs that bolster America's commitment to freedom and justice, according to a statement released by Defense Secretary William J. Perry.

For information, contact Tripler's Department of Ministry and Pastoral Care at 433-5727.

Task Force Visits Hawaii Units

The Secretary of the Army has designated a task force to conduct a special assessment of the human relations climate in the Army. In particular this test will evaluate the influences of extremist groups among soldiers. This assessment will consist of three aspects: questionnaires; one-to-one and small-group interviews; and solicited written input.

The questionnaires will be administered to selected individuals based on Social Security number, until February 22. On February 23, interviews will be held with key individuals and groups randomly selected by Social Security number.

Soldiers, Department of the Army Civilians and family members who believe they have information relevant to the task force objectives may submit written statements in a sealed envelope. The letter should include the author's name, grade, Social Security number, unit, duty telephone number, and location. The outside of the envelope should be addressed to "The Secretary of the Army's Task Force on Extremist Activities." The Inspector General's Office on the first floor of B Wing will serve as a central depository for the letters.

The written statements will be kept confidential and secure. All sealed envelopes will be presented to the task force upon their arrival. There is no guarantee that written statements will generate interviews or other action by the task force.

Telephone System Near Completion

By James Campbell
Editor

Communications will make a giant leap to new technology in March when the Information Management Division and the 516th Signal Brigade activate a new phone switch here.

The switch replaces technology from 1983 and will improve communications throughout the hospital and outlying clinics, according to Don Taylor, Telephone Control Officer.

The features everyone should expect from the culmination of the two-year, \$10 million project include: a switch that will support 5,000 lines when activated; support for up to 10,000 lines in the future; phone mail capabilities to eliminate answering machines; and, 100 lines to support high speed voice, data and video transfer over standard wires called Integrated Services Digital Network or ISDN.

Patients will also get quicker access to Central Appointments with more available lines and a customized selection menu for each clinic.

The new technology will not only support the hospital but the Veterans Affairs facilities being built here, the U. S. Army Health Clinic at Schofield Barracks and the clinics on Fort Shafter.

The contract appropriations and manpower required to update the current system came from the 516th Signal Brigade, and the 30th Signal Battalion will maintain the equipment Taylor explained.

The telephone experts designed the upgrade in two phases, according to Gary Khan, project officer with the brigade's Operations and Engineering Implementation Branch. Before the overhaul, they improved the original system until the new equipment could be installed. Phase two of the operation fell under the Major Command Telephone Modernization Program, MTMP, for funding, contracting and implementation.

"They (the 516th) are the reason we are getting the new switch," said Taylor who cited the many design and implementation hours spent on the vast project.

Users who will benefit from the hard work behind the scenes won't notice much of a change in the phone numbers, especially main office lines, but the numbers to private phone lines in department or division chief's offices may change, according to Taylor.

Before changes are made, a person from each department will attend orientation classes in late February. In March, several train the trainer classes are planned for

the representatives from each activity here. Those who attend the two-hour training will return to brief coworkers on how to best use the new technology. Two days of classes will be held by staff from Custom Design Telephone Systems and the Project Manager from GTE Hawaiian Telephone. Each department's selected attendee will be notified by e-mail on the Composite Health Care Computer System.

Taylor said they won't take any chances with the critical areas of the hospital where a phone connection is vital to patient care. Areas like the Emergency Room, Intensive Care Units and Operating Rooms will be switched to the new technology first after a few dry runs. After the remainder of the hospital is on line, the critical areas will be tested again.

The big change for Tripler is scheduled to happen at 8 p.m. on March 29 with the Schofield Barracks Clinic jumping on line with new 433-prefix numbers May 10.

The phones themselves are new as well. Taylor said a visual display on some units will provide call information. He also said all phones have their own microprocessor that requires a power source, unlike most phones in the hospital.

The telephone is a vital part of any unit's operation, and it seems the well-planned effort between Tripler's Information Management Division and the 516th Signal Brigade will improve the process of communication.

Key Project Dates

- Department Points of Contact meet for orientation Feb. 20 and 21.
- Briefings by equipment manufacturers March 25 and 26 from 9 - Noon in the Kyser Conference Center and a late briefing on March 26 from 4 - 7 p.m.
- Tripler-wide switch at 8 p.m. March 29.
- Completion of Schofield Barracks Clinic upgrade and switch to 433-prefix numbers May 10.

Any changes to the current schedule will be announced via e-mail.

Register to vote, exercise your rights

Get Ready to Make a Difference

Feedback from the Editor

Politics may often frustrate the most patriotic of soldiers. Many feel their hands are tied when it comes to vital appropriations or new policies handed down by our nation's law makers. I feel everyone has an important voice in politics. Everyone has a vote.

One vote isn't much, but they add up fast. One vote is all a soldier has. That simple right to vote is one of the things a soldier protects as a defender of the Constitution. If anyone should exercise the right to

vote, it is the soldier.

The Army makes it easy for us to be heard by appointing voting assistance officers and holding well-publicized registration drives. I think our senior leaders understand how much power the ballot box has. I think they want you to vote at every opportunity.

That opportunity is fast approaching. Anyone who turns on the television or listens to the radio can see the campaign is at a fever pitch. We can't escape the flood of words from

candidates as they attempt to woo voters. We can't escape the fact that elected officials have much to do with our lives since we too work for the American people they represent. Every opportunity to vote is an opportunity to make our lives better.

Unfortunately, one thing we miss is local campaigns. We may never have a chance to compare the platforms of those running to represent our state in the House and Senate.

Our representatives in Congress may have more impact on our lives than the President, and I submit we owe it to ourselves to

find out who stands for our interests on Capitol Hill.

Issues like pay raises, housing expansion and force modernization are hashed out in Committee long before they reach the President's desk or we hear about their impact. Every soldier should know about the issues at stake and the people who represent them.

Simple illustrations of voting power can change the way soldiers think about voting. A few years ago, the people of South Africa were given an opportunity to vote for the first time. Lines formed in the unbearable heat.

People walked for miles only to be confronted with day-long waits and slow voting procedures. They valued the vote, and they made a sacrifice to exercise a newly found privilege of citizenship. This event should send a message to America. This event should be remembered.

It only takes about ten minutes for us to register and request an absentee ballot. That ten minutes should be cherished as one of the greatest things we will ever do. Get ready to make a difference. Get ready to vote.

Cultural Committee Plans Black History Events

By 1st Sgt. Donna Brock
Medical Company A

The Martin Luther King Commemoration recently held in the Chapel was a moving, educational experience for those who attended. Reverend Stanley Amos, the featured speaker from Trinity Missionary Baptist Church delivered a rousing message, speaking on the popular subjects of "Americans Making a Difference" and "Help Somebody," based on this year's national theme. Amos

truly moved the audience with his strong, powerful messages, ending with a standing ovation from the audience.

On the heels of Martin Luther King's birthday comes Black History Month. This year's national theme is "African-American Women: Yesterday, Today, and Tomorrow".

The chosen theme has brought on a little controversy. Questions being

asked include: "If it's Black History Month, why is the theme based only on black women?" and "Why is it excluding men?" The theme was not designed to exclude the African-American man but to put emphasis on the achievements of African-American women.

With recent emphasis placed on the historical Million Man March and how African-American men came together to renew their commitments to family values, togetherness, and making a united front, this month's theme will educate the public on black women who originally were excluded from the event, although women were later invited after march organizers were blasted for not including their counterparts.

This theme takes one

portion of African-American history to the forefront — not intending to exclude anyone. After all, African-American men are a large part of African-American women's history and lives, whether in a positive, negative, or balanced role.

Tripler's Black History Month Program and Arts & Crafts Cultural Fair starts at noon Feb. 17 on the ocean side of the hospital. There will be music, entertainment, crafts, displays, vendors, food and drinks.

The various cultural events planned are not only for the cultural or ethnic group they focus on but for everyone. They are designed to teach the various backgrounds and help us understand the plight and struggles different groups have gone

through. Everyone can use these occasions to work and learn together, without regard to skin color or religious belief. This is an opportunity for everyone to come together as one in a single celebration of life.

The Tripler Cultural Awareness Committee is a group of soldier and civilian volunteers who plan events in recognition of the diverse backgrounds that make up Tripler's health care team.

Creative minds representing all ethnic groups are needed to develop programs for cultural awareness in accordance with official observances.

Contact Staff Sgt. Camilla Bailey at 433-6746 to find out how you can help the Cultural Committee prepare for future observances.

There will be music, entertainment, crafts, displays, vendors, food and drinks at the Arts and Crafts Cultural Fair, Feb. 17 at Noon.

Retired Brig. Gen. Clara Adams-Ender will speak on the theme of African-American Women: Yesterday, Today and Tomorrow, Feb. 29 at 11:30 a.m. in the Kyser.



Commander: Brig. Gen. Warren A. Todd, Jr.
Public Affairs Officer: G. A. Vidis
Editor: Staff Sgt. James Campbell

The Caducean is an authorized, unofficial publication of the U.S. Army published monthly under the provisions of Army Regulation 360-81 and supervised by the Public Affairs Office, Tripler Army Medical Center, Hawaii 96859-5000. Views or opinions expressed herein are not necessarily those of the Department of the Army. Publication of any material is subject to the discretion of the editor. Readers are invited to make editorial contributions. Deadline for any submissions is by noon on the last day of each month. The Caducean has a circulation of 3,000 copies, printed by SunPress/Midweek of Kaneohe, Hawaii. This publication is also available on the Internet via Tripler Army Medical Center WebLink at <http://www2.tamc.amedd.army.mil/>.

Leadership Check Up

Spiritual Fitness

Maj. (Chaplain) David R. Norvell
TRISARF Chaplain

As you celebrate President's Day this month it's also a good time to check out your leadership *temperature*. As you review your leadership styles and characteristics do not forget to check the spiritual element of leadership.

Your quality of leadership is vitally linked to your spirituality.

I suggest you ask yourself three questions.

Do you enjoy living with yourself?

Life becomes easier and more fun if you can accept, forgive, and appreciate yourself. Avoiding yourself can be very time consuming, and emotion-consuming. Facing and working through personal issues frees you to be all you can be as a care provider, spouse, parent, and leader. Also, you may become a better leader if you

relax and give yourself a break regularly. I mean, if you don't do it, who will? And, you should know yourself better than anyone else.

Do you place people over things?

Some might think that as a chaplain or minister I might never have to worry about not caring for and putting people first, but it is something to which I must constantly give attention. The things that can take the place of people can include: computers, toys, time schedules, rules, events, TV, and you can

list your favorite. Putting people first, not only helps the other person, it helps you.

I heard a psychiatrist say recently that a patient got better, not just because he talked about his problems, but because he had a sense of really connecting with another person. This connecting only happens as we put people above things. Connecting with others is a key part of spirituality and a sign of healthy leadership.

Do your principles, values, and beliefs get out on the street?

Are you putting into practice what you say you believe? Real depth of character and heartfelt convictions cannot stay tucked away inside us. We act on them. I challenge you to move outside yourself into your community and the world. Invest yourself in a church, chapel, religious group, moral cause, community work. Find *something* that says, "I believe this and for that reason I am out here leading in this venture."

Spirituality makes good leaders.

Top NCO's Views on Battles We Fight

Pate's Corner

Command Sgt. Major Martin Pate. III

I recently read an Article written by one of our distinguished Army Leaders. The author was certainly on target about observations concerning what a great Army we have. Of particular interest to me was the part about the major challenges we have been facing with the impact of downsizing our great military force on our military members. Also, an added dimension is the constant political bickering that has been going on over the budget which impacts all DoD personnel, military and civilian. Sometimes it seems that we are pawns in the political

arena of life.

I ask the question, "When will it end?" The Department of Defense has been at the forefront of the budget cuts. I get the feeling that we are not appreciated for the many sacrifices that we make for the purpose of peace and freedom of our nation, and it's citizens. We get so wrapped up with the dollar issue it seems we have forgotten about compassion, and the need for caring, understanding, and working together. We have forgotten about the importance of maintaining a strong defense force — to be a deterrent, or to handle

the many situations that threaten peace throughout the world.

The author was certainly right when he stated, "Soldiers are our credentials." Our military mission is an excellent example of a few making it happen for many. If it had not been for great soldiers over the years; making the sacrifices they made, including leaving their families, and possibly giving up their lives, many of the freedoms we enjoy today would probably not be possible. Our sacrifices for freedom and tranquility in our nation make it possible for many things to happen. We make it possible for people to go to church; for shopping malls to open; for baseball play-

ers to go on strike; yes, we even make the Super Bowl possible.

"When will it end?" When will the reality set in that we cannot continue to cut resources, personnel and financial, and maintain a high state of readiness?

"When will it end?" It seems that every time we turn around there is another major personnel cut, either military or civilian. One time it is, "Convert military slots to civilian." Next, it is "Cut civilian slots to meet year end limitations." Then it is "Cut combat slots to beef up the combat support; or combat service support; or vice versa." How long can this continue?

It is time for the leadership at all levels of our

great military system to stop and give the cart the opportunity to catch back up with the horse. We should all be in the marketing business.

Make the American public and our Congressional leadership aware of our value to them and our nation.

The journey of life takes us through many ups and downs. To maintain the pace with these constant changes, we must keep morale high, families happy, and maintain a good attitude. Together we can make this journey successful. God Bless. Hooah!

"Quote of the Month"

-Life is a succession of lessons, which must be lived to be understood.

Soldier Offers Look at Hardships of Early Black Soldiers

By Spc. Marcia
Hart-Branch

Patriot Editor

Since the Civil War in 1861, Black Americans have played a vital role in the United States military.

G.P. Miller, a black doctor in Battle Creek, Michigan asked the Secretary of War Simon Cameron for permission to raise from 5,000 to 1,000 free black men to report for duty in 60 days. W.T.

Boyd and J.T. Alston of Cleveland, Ohio asked for the privilege of fighting and if need be dying for the Union cause.

These are just a few of the people that I, as a black American in the United States Army have to thank. These are people who paved the way for me to be where I am today, and some of them paid dearly with their lives.

The road to recogni-

tion was long and hard for soldiers of yesterday. They were in turn fighting on two fronts, the war that was going on at the time, and the war against racism.

In 1862, Nathaniel P. Banks became Union commander. He did not approve of blacks holding command positions and wanted to replace Lt. Robert Isabelle and the Native Guards black officers with white men. He encouraged

the men to ridicule, defy and snub the officers. The soldiers were given spoiled food, defective weapons and poorly made uniforms.

Black soldiers also experienced abuse under the officers in which they looked to for guidance. They strike the men with their swords and jab and punch them in their side to show them how to drill, complained a private in the 43rd U.S. Infantry.

It is soldiers such as these who I can identify with, because when I look at them I can see myself. Where I came from and what I have to look forward to.

These are the soldiers that I owe my thanks to.

Thank you for bringing me this far and letting me know that I can go much farther.

Hart-Branch is stationed at Fort Stewart.

Pulse of the Command

Army Nurses

95 Years of Service to America

By 2nd Lt. Susan L. Zodin
Department of Nursing

The female nurse has been a feature of American armies since the Revolutionary War, but it was a slow process to persuade the tradition-ridden male army to accept her, except as a camp follower or a sort of lady nurse who appeared from local communities in emergencies to lay cool hands on fevered brows or wrap bandages from torn linen sheets.

The Civil War brought substantial numbers of women into military hospitals, both North and South, but it was not until the Spanish-American War that the Army Nurse Corps as a recognized military unit was formed.

Section 19 of the 1901 Army Reorganization Act, written by Dr. Anita Newcomb McGee, head of the committee to select graduate nurses for military service, under the supervision of The Surgeon General, George M. Sternberg, was passed by Congress and led to the creation of the Nurse Corps as a permanent part of the Medical Department on Feb. 2, 1901.

Nurses were appointed for a three-year period in the Regular Army or could serve on reserve status to be called upon in cases of national emergency.

Even with this advance in professional recognition, nurses remained suspended between military and civilian status for nineteen years and experienced uncertain relations with military administrators and officers and local hospital nursing programs.

However, with the winning of women's suffrage rights in 1918, the Army Nurse Corps members were able to obtain "relative rank" in 1920. They were next in authority to officers of the Medical Corps in overseeing medical and sanitary duties and were granted officer status from second lieutenant to major ranks. This enabled nurses to wear officer insignia but did not give them equal pay and benefits in relation to male counterparts.

World War I

On April 6, 1917, as the United States entered World War I, there were 403 nurses on active duty, including 170 reservists assigned to posts on the Mexican border working with Army units fighting General Pancho Villa. By June 30 of that year, the corps increased to 1,176 members, and by June 1918, 12,186 Army nurses, 2,000 Regular Army and 10,186 Reserve, were on active duty at 198 stations worldwide.

Four hundred of these, assigned to six general hospitals, sailed for France with the British Expeditionary Force. Others served in Belgium, England, Italy, Serbia, Siberia, Puerto Rico, the Philippines, and Hawaii, working in casualty clearing stations, field hospital surgical

teams, evacuation teams, hospital trains, and transport ships. Many volunteer nurses also helped the war effort through the American and International Red Cross. On Armistice Day, Nov. 11, 1918, the peak strength of the Nurse Corps reached 21,480.

During World War I, several nurses were wounded, but none died from enemy action. However, over 200 died as a result of influenza, pneumonia, and other diseases related to exposure in unfamiliar climates, overcrowded camps with poor sanitation, hygiene, and nutrition programs, and shortages of medical supplies and drugs.

The First Black Nurses

On Nov. 18, 1918, eighteen African-American nurses were assigned to the corps to aid with the flu epidemic. Nine served at Camp Grant, Illinois, and nine at Camp Sherman, Ohio. They worked in integrated medical units, but had separate living quarters. The universal qualities of service and concern for others in their hearts somehow needed a man-made distinction and separate judgment of worth depending on what the color of their skin at the time of racial injustice. The black nurses served with pride and were honored by their patients if not by the standards of general American society at the time.

As fitting rewards for meritorious service in World War I, like caring for the wounded and sick despite overwhelming odds, Army nurses were awarded the Distinguished Service Cross, the Distinguished Service Medal, the French Croix de Guerre, the British Royal Red Cross, and the British Military Medal.

The Army School of Nursing, founded on May 25, 1918, was authorized by the Secretary of War to staff nurse's aides and junior nurse positions in Army hospitals. Annie W. Goodrich, Chief Inspector Nurse for the Army, was appointed the first Dean. The students wore a military uniform, a caduceus and bronze lamp insignia pin, but remained on civilian status.

The program was moved from several small campuses across the nation to a central location at Walter Reed General Hospital in 1923, and awarded diplomas to 937 young women before it was terminated on Aug. 12, 1931 as a economy measure during the Depression.

Army nurses were called to serve again when Japanese bombers attacked Pearl Harbor, Dec. 7, 1941. From a peacetime strength of less than 7,000, the Nurse Corps increased its membership to more than 12,000 by June 1942 by accepting volunteers through the Red Cross, activating reserve commissions, and recruiting graduate nurses.

Approximately 500 black nurses served in segregated units in America and overseas in such places as Liberia and Burma. LT Della Raney was named as the

first black chief nurse in 1942 while stationed at Tuskegee Air Field, Alabama. As in World War I, black nurses did outstanding work and were of great benefit to the medical staff, but equal treatment paled in comparison to today's standards.

The Cadet Nurse Corps

In July 1943, Congress set up the Cadet Nurse Corps as a war emergency program to provide medical care to areas in the United States suffering from severe shortages of physicians and community nurses and to urban hospitals needing additional registered nurse staff.

Students received federal grants to pay for nursing tuition, books and equipment, room and board fees, and a special uniform as well as a small stipend for personal needs.

In return, they were bound to work as a graduate nurse for at least three years in the armed forces or as a civilian replacement for those nurses who went overseas.

Over 169,000 students joined the program, with 124,065 later graduating from 1,125 nursing colleges across the nation. The program ended in 1948, having provided a valuable service to the war efforts at home.

Nurse Prisoners of War

From December 1941 to April 1942, medical forces on Bataan had suffered many hardships under Japanese attack. They were evacuated to Corregidor on April 8, but still faced danger when the island fell to the enemy May 6. Twenty-one nurses managed to escape before being captured — ten flying to Australia and the other eleven being evacuated by submarine.

Sixty-six other Army nurses remained in the Philippines as prisoners of war of the Japanese. Moved to the Santo Tomas Internment Camp, they cared for fellow American and Allied prisoners until their liberation on February 4, 1945.

Led by Capt. Maude C. Davison, these Army nurses served with distinction throughout their imprisonment and were awarded the Bronze Star Medal and a promotion of one grade in rank during ceremonies on Leyte on Feb. 18, 1945.

Public Law 828 of the 77th Congress, on Dec. 22, 1942, granted Army Nurse Corps officers relative rank from second lieutenant to colonel with pay and allowances equal to other commissioned officers without dependents.

The 78th Congress, on June 22, 1944, passed Public Law 350 the first true Nurse Corps commissions (instead of appointments) for the same ranks, to be in effect for the duration of the emergency plus six months.

Not content with service on the ground and over the waves, Army nurses took to the air as members of the Army Air Corps Medical Evacuation Team. The first

training class of flight nurses was graduated from the School of Air Evacuation at Bowman Field, Kentucky June 20, 1943. Through the help of Army flight nurses, there were only five deaths per 100,000 patients transported — an amazing record.

Air evacuation became important during World War II, enabling medics and nurses to reach the front echelon clearing stations and field hospitals and bring back critically wounded soldiers to the main treatment centers of the rear, saving time and lives with quick action and on-board medical intervention in trauma care and vital sign stabilization. Air evacuation planes also were instrumental in bringing supplies of medicines, equipment, food, clothing, and other materials to scattered battlefield units.

Heroines of World War II

World War II ended in Europe on May 8, 1945 with more than 52,000 Army nurses on active duty in 605 overseas and 454 mainland hospitals. By September 2, 1945, Victory in Japan day, the Corps strength reached 57,000.

During the war, 201 Army nurses died — 16 from enemy action. Over 1,600 nurses were decorated for meritorious service and bravery under fire with the Distinguished Service Medal, Silver Star, Distinguished Flying Cross, Bronze Star, Air Medal, Soldier's Medal, the Legion of Merit, Army Commendation Medal, and the Purple Heart. Five hospital ships and one general hospital were named after Army nurses who made the supreme sacrifice in service.

Army nurses served all over the world—from North Africa to the Pacific islands, Australia, Normandy, Iceland, Puerto Rico, Britain, India, Newfoundland, and Panama. *Stars and Stripes*, in 1944, ran a thank-you letter from a soldier to all Army nurses:

"To all Army nurses overseas: We men were not given the choice of working in the battlefield ... we cannot take any credit for being here—we have to be. You are here because you felt you were needed. So, when an injured man opens his eyes to see one of you, concerned with his welfare, he can't help but be overcome by the very thought that you are doing it because you want to ... you endure whatever hardships you must to be where you can do us the most good."

Following the war, Army nurses became eligible for all veterans' benefits. Many attended college under the Servicemen's Readjustment Act of 1944—the "GI Bill of Rights." This reward for service, added to the good training and practical experience obtained on the battlefield, created a new generation of educated and specialized nurses leading the Corps into the future with modern training and professional values.

For new nursing graduates who wished to join the military toward the end of the war, basic training schools to provide a general introduction to military customs and field training, today's Officer Basic Course, were set up at Fort Devens, Mass., Camp McCoy, Wis., and Fort Sam Houston, Texas on July 19, 1943.

Student officers learned how to purify water, practiced gas warfare protective drills, set up tents and medical equipment in mock field hospitals, studied preventive medicine topics such as entomology and sanitation, and obtained skills in working with supply orders and administrative/management tasks, as well as doing general military drilling in map reading and orientation and weapons use.

In 1946, the three programs were consolidated into an eight-week program at Brooke Army Medical Cen-

ter, Fort Sam Houston and have been an ongoing process in training new medical officers before their first assignment since.

Nurses Continue to Serve

Today's Officer Basic Course still teaches young people the medical and military skills needed to serve as an Army officer and professional health care worker. Through the Academy of Health Sciences at Fort Sam Houston, today's military medics prepare for tomorrow's challenges.

Army Nurse Corps members continued to serve in the last half of the 20th century. From Pusan and Inchon, aiding the South Koreans against the Chinese Communists, to the Lebanon Crisis of July-October 1958, from the 1960 Chilean earthquake airlift and relief program to the Saigon and Nha Trang field hospitals in the jungles of Vietnam, and throughout the conflicts in Central America, the Middle East, Africa, and Central Europe from the 1970s to the present, Army nurses have been in the front lines.

They were in Desert Storm, they served in Haiti and Somalia. They are in Bosnia today, providing medical care and comfort to soldiers, families, and refugees with little thought to personal safety or needs.

"To all Army nurses overseas: We men were not given the choice of working in the battlefield ... we cannot take any credit for being here—we have to be. You are here because you felt you were needed. So, when an injured man opens his eyes to see one of you, concerned with his welfare, he can't help but be overcome by the very thought that you are doing it because you want to ... you endure whatever hardships you must to be where you can do us the most good."

A soldier's letter of gratitude from a 1944 issue of *Stars and Stripes*.

EXPERT FIELD MEDICAL BADGE

Get ready for the ultimate challenge

By Sgt. 1st Class Tyrone L. Webner,
Training NCO, Medical Company C

The ultimate test a "Soldier Medic" can go through is applying their skills in combat. It is what we train for. The ability to render medical care on the battlefield, under conditions not experienced by most, commands a great deal of respect, and for many wounded, a sincere gratitude at the cry, "Medic!"

Medics are the most important link to the survival of our wounded. Those that wear the distinct Expert Field Medical Badge have proven their ability to apply their skills in realistic combat scenarios.

Those that wear the Combat Medical Badge have applied those skills in combat. It is a badge that

is earned and not given away.

The candidate that seeks the distinction of being an Expert Field Medic does so out of their own quest. This means sacrifices, dedication, mental, and physical conditioning. Self development is the key to success. There are sources that aid the candidate in preparing for the challenge; however, it is the soldier alone that must ultimately face this challenge.

Candidates interested in the challenge of being the best should be preparing now.

Preparation includes requesting approval to attend through your supervisors. This is important for our soldiers that have a

24-hour mission of providing patient care.

Obtain references needed to study and prepare for the written exam. Talk to soldiers who have attended the EFMB in the past. Pick their brains. Take every advantage of attending any or all training provided prior to this event.

Physically prepare yourself. Running is excellent if used as part of a whole physical program that includes road marching with a ruck. When training for the road march, pack your ruck with the items listed on the packing list only. Add an extra pair of socks. Remember the 12 mile road march includes weapon, mask and Load Bearing Equipment. Pay close attention to your feet when road marching. Your feet

will require some preventive measures to decrease chances of blister development. Early blister prevention will aid in comfort down the road. Podiatry Service is an excellent source for preventive help with problem feet. When you road march, drink extra water. This is Hawaii — it gets hot.

The next EFMB is April 9 - 19. Eligible soldiers include: officers assigned or detailed to the Army Medical Department; warrant officers who have an AMEDD primary military occupational specialty controlled by the Surgeon General, including warrant officer pilots with a D skill qualification identifier; enlisted with an AMEDD primary MOS, including career management fields 91 and

76J; and, non-Department of the Army military serving in comparable medical positions under their parent service or allied agency.

Candidates must be currently qualified with assigned weapons. This means qualifying with a weapon in the 12 months prior to the EFMB test window.

The Pacific Health Service Support Area has published the Memorandum of Instruction for the Expert Field Medical Badge test. Contact your company's training non commissioned officers for more information.

Request for attendance must be submitted through your unit's training NCO prior to the suspense date on Friday.

Webner earned the EFMB in 1985 while stationed in Korea.

Total Quality Management Vital for AMEDD *Expect Renewed Emphasis in Program*

By Lt. Gen. Alcide M. LaNoue
Commander, U.S. Army Medical Command

During the past three and one-half years, Army Medicine has undergone a profound revolution with several major campaigns.

The first of these campaigns, Improvement of Business Management Processes, really began before I became the Surgeon General. As early as the late 1980s, forward thinkers in the Army Medical Department were already laying a business-oriented foundation with the Gateway to Care program, which was based in large part on principles of Total Quality Management

and the teachings of Edward Deming. We have data that shows we were partially successful.

For example, through improved management practices, the AMEDD has clearly slowed the rate of inflation for health-care costs during the past five years. Many facilities were also able to reduce waiting times for appointments in spite of significant downsizing. We are working now to develop better metrics that will let us know objectively how successful (or not) we really have been.

I am concerned, how-

ever, that our efforts to improve our management practices using TQM principles in our everyday activities have not been employed throughout the AMEDD. There are many possible explanations. Perhaps, we haven't recognized TQM's importance to our success, thus inadvertently giving the impression that improved management practices are not important. Nothing could be further from the truth. Perhaps there are too many other new management ideas and daily distractions that compete for our time and attention. I know that I, and many other AMEDD personnel, have tried to share a wealth of new ideas

throughout the organization. Although these are important sources of information and understanding, and I urge all AMEDD staff to study them, they do not replace the excellent management practices represented in the concept of TQM. TQM still remains the basic underpinning of everything we are trying to accomplish. The other management theories may elaborate on certain aspects of TQM, but they in no way make any of them obsolete. On the contrary, they strongly reinforce TQM's principles.

Efforts to revitalize TQM throughout the AMEDD will be a major campaign this spring. We need to educate and train

our personnel on the importance of TQM to the AMEDD and their organizations and how they can apply its lessons in their everyday work. Although TQM can be analyzed in complex detail, its basic theory is relatively simple: Everybody in an organization works at continuously improving everything they do to meet or exceed their customers' expectations in a cost-efficient way. We all need to remember that seemingly simple lesson and learn to give new impetus towards applying it. It has served us very well in the past — if we renew our efforts and deploy it throughout the AMEDD, it will continue to do so in the future.

Sports Injury

Don't Let an Ankle Sprain Keep You on the Sidelines

The active life has many health benefits. Fitness and sports are important to soldiers, but a common injury can keep you on the sidelines longer than you expect.

Understanding how ankles are sprained can help everyone maintain an active life while protecting the ligaments holding the ankle bones together.

Ankles are frequently sprained, especially in an active population. The most common ankle sprain happens when the ankle turns in. This causes ligaments to be stretched or torn. There are three major ligaments that support the outside of the ankle joint, and ankle sprains are immediately painful and can be incapacitating.

If ankle sprains are not treated properly, they can become chronic problems; however, if treated properly, sprains normally heal

well and allow for a safe and quick return to normal sporting activity.

Ankle sprains are classified as mild, moderate or severe. In the mild sprain, the ligaments are just stretched, hardly any swelling occurs, and no instability results. These sprains heal quickly, allowing a return to activity in about 10 days to two weeks. With a moderate sprain, one or two the ligaments are torn or stretched, moderate swelling occurs, and there may be some instability. Since these sprains are more severe, they require four to six weeks to heal. The most severe sprain involves stretching or tearing of all three ligaments. These injuries are the most debilitating and may require surgery. The initial symptoms are severe swelling and the ankle may feel unstable.

All moderate or severe

ankle injuries should be taken seriously and evaluated by the appropriate medical personnel to make sure the ankle bones have not been broken.

Initial treatment consists of controlling the pain and swelling and gradually regaining ankle motion. An easy way to remember early treatment is to remember PRICES. PRICES means: protection, rest, ice, compression, elevation and support. After initial injury, the ankle must be protected from further stretching injury to the ankle ligaments; so, your doctor or therapist may recommend you use crutches or a cane. Stop using crutches or a cane when you can walk without a limp. A few days rest after the injury can be helpful in decreasing the swelling and pain. Ice should be applied immediately after the injury and

until there is little noticeable swelling.

Ice can be applied in a variety of ways from bags filled with crushed ice to directly rubbing ice to the injured areas by using cups of frozen water. The ice should be applied for ten to fifteen minutes or until the area has a slight redness to it.

Compression can be applied using elastic wraps to decrease the swelling; however, use caution not to apply the wraps too tightly since they may cause foot numbness or loss of circulation. Should the foot become tingling or cold and is not relieved by removing the wrap, immediate medical attention should be sought. Elevating the leg by propping it up on pillows so it is above the level of your heart will help to decrease swelling. Lastly, if the ankle is unstable, bracing

may be needed as external support to lessen the chance of future sprain.

After the initial symptoms of pain and swelling have improved, and you are able to walk without a limp or pain, ankle strengthening can begin. To strengthen the ankle, you can begin to walk on your toes and heels. Return to running can begin when you are able to squat raise on the toes five times on the injured side and hop on the injured ankle five times without pain.

Ankle sprains can keep you out of the game for a while, but with proper treatment, most people can expect a quick and safe return to full activity.

Editor's note: This article was written by Capt. Kevin L. Kirk, Staff Physical Therapist, Physical Therapy Section. He has gone on to a new assignment since this submission.

Interactive Sports

Last Play of the Game

The votes are in. Bowling is a sport.

Again the replies for the poll were a bit low, leading me to believe that bowling is still below tennis and above field hockey, but diehard bowlers appeared upset that anyone would question the stance of bowling in the wide world of sports.

Skill, finesse and strength are required to master the game, but one of its more redeeming qualities is the simple fact that you are still welcome in most bowling alleys even if you can't break 100. A true family sport, bowling got high marks for a low-cost way to enjoy free time.

On the other hand, funny-looking shoes, smoke filled alleys and loud noises were cited by a few as reasons to stay away from the lanes.

Interactive Sports marks the last entry by answering yet another important question. We've determined your favorite beach. We've heard your voice on football's domination of the air waves, and now we've settled the bowling argument once and for all.

Since reader response to the polls has waned since December, Interactive Sports will be relegated to the virtual basement where, like sporting equipment that is no longer cool, it will collect dust.

If the masses decide their voice must be heard, this column will return, but for now, it will sit on the proverbial sidelines and wait for a chance to play again.

Nursing Fun Run

The Second Annual Nursing Fun Run took place Feb. 3 around the perimeter of the Aliamanu Military Reservation crater. Thomas Adams and James Rigot tied for first place male honors in the crowd of 118 finishing at 19:02 while Maka Gunter was the first female across the line at 21:47. The event is held as part of the Army Nurse Corps birthday celebration.

Army Hawaii Women's Softball

Tryouts for the Army Hawaii Women's Softball Team will be scheduled for Feb. 22 and 23 from 6:30 to 8 p.m. and Feb. 24 at 10 a.m. at the softball field here.

The team is open to all active duty soldiers, Defense Department employees and family members who are 18 and older.

For more information, contact Staff Sgt. Rick Terry at 655-8987.

Lower Costs for Entertainment

What do Frank DeLima, Glen Medeiros, Charo and the Society of Seven have in common? They all perform in Waikiki along with many other famous artists, and you can get lower-cost admission to the shows through the Information, Ticketing and Registration offices.

According to ITR, they can help you save money on some of the best entertainment in Hawaii. With concert tickets, coupons and entertainment information, ITR says they can help you enjoy leisure activities on a budget.

The Fort Shafter office can be reached at 438-1985, and the Schofield Barracks office number is 655-9971.

Pre-Teen Dance

A youth dance for fifth and sixth graders will be held at 7 p.m. Feb. 23 at the Aliamanu Military Reservation Youth Center. The Youth Services staff has planned a program filled with fun, prizes and contests. There is a \$3 fee and military identification is required. Call Teen 2000 at 833-0920 for more information.

Sports & Leisure

caducean salutes

Promotions

Claude A. Kucinskis to Lieutenant Colonel
Naomi Ingles to Captain
Deon F. Guidry to Sergeant

Human Animal Bond Program

The Red Cross Human Animal Bond Program made 3,093 visits to the many wards, clinics and waiting rooms of Tripler during 1995.

PMO Jitney

The Provost Marshal shuttle continues to relieve long walks from the lower lots to the tune of about 75 people a day. Over 4,500 people have taken advantage of the free ride, and the security of the parking areas has been increased.

News Watch

Cav Soldier Becomes First Casualty of Joint Endeavor

By Master Sgt. Stephen Barrett
American Forces Information Service

WASHINGTON, Feb. 7 — An Army noncommissioned officer died in an explosion Feb. 3 in Bosnia-Herzegovina, becoming the first U.S. service fatality of Operation Joint Endeavor.

Army Sgt. 1st Class Donald A. Dugan of Belle Center, Ohio, died while patrolling near Gradacac, 25 miles north of the U.S. headquarters at Tuzla. Military authorities are investigating the cause of death.

In condolences to family and friends, President Clinton said, "He gave his life in the noblest of causes — the search for peace." Clinton said the United States will continue to take every precaution to protect service

members as they work for peace.

"I have been clear since before this operation began that our mission to secure peace in Bosnia would entail some risks," he said. "All Americans should know that we have provided our troops with the best training, the best equipment to confront the challenges they face in Bosnia."

Dugan, 38, joined the Army in 1978. He served as platoon sergeant with A Troop, 1st Squadron, 1st Cavalry, 1st Armored Division. In Bosnia, Dugan was the senior NCO of the Gradacac checkpoint.

The soldier's widow, Miriam, and two of his four children live in Buedingen, Germany. Two children from a previous marriage live in Ohio. U.S. Army Personnel Command officials said the family has not set a funeral date, but burial will be in Kenton, Ohio.

Army Pacific Leader Speaks on Compliance

General's Philosophy Affects Our Environment of Care

By Lt. Gen. Robert L. Ord, III
Commander, U.S. Army Pacific

As leaders, we all have a number of top priorities. This is one of the challenges of command. Environmental protection and compliance must be a top priority because it requires each of us to make a fundamental change in the way we look at things. To be successful in the future will requires a total culture change with respect to out standards and our plans, programs and personal dedication to the achievement of those standards.

I am personally committed to ensuring compliance with all environmental laws and regulations by soldiers and members of our civilian work force at every level. I

expect complete involvement from leaders at all levels to correct any deficiency and to become environmentally knowledgeable and proactive. To that end, leaders and supervisors at all levels will ensure that, as appropriate, military and civilian performance evaluation support forms and performance evaluations address responsibility for and commitment to supporting the United States Army Pacific environmental ethic.

Environmental Protection Agency fines assessed against our installations make it abundantly clear that we must make a fundamental change in the way we think about the environment and our compliance with requirements to protect the environment. Every dollar used to pay a fine a dollar diverted from training and readiness. USARPAC cannot afford this unnecessary diversion of resources. I expect each of you to become as technically

proficient in the environmental area as you are in the organization and mission of your command.

I will be tracking all deficiencies and violations noted by the various internal and external inspections and assessments. A compliance action team will follow-up to ensure deficiencies are corrected and the systems are in place to ensure continued compliance. The members of this team will be representatives from the USARPAC staff.

Protection of our environment and compliance with the environmental requirements is a leadership challenge. We, at USARPAC, can meet the challenge only if there is positive and proactive leadership from top to bottom. Your continuous support in this effort can and will make USARPAC the Army's premier leader in environmental matters.

Troops to Teachers Program Update

The New Careers in Education Hotline has been discontinued. Callers seeking information on how to become a teacher after leaving the military and on alternative routes to teacher certification and licensure available in some states should visit their local Army education center for that type of counseling. A number of reference guides with detailed information are available either in the center or in the Army Learning Center. In addition, state offices of certification and licensure located in state Departments of Education can provide additional assistance, especially if individuals have left active duty. Teacher certification information is also available in public libraries and in local college/university Departments of Education.

The Defense Activity for Nontraditional Education support (DANTES), manager of the "Troops to Teachers" transition assistance program can also provide coun-

seling on becoming a teacher in the Nation's public schools. Even though Troops to Teachers is currently not funded this year to provide financial support to new applicants, they have Memorandas of Agreement with sixteen states to provide assistance to transitioning service members/civilians interested in becoming teachers. (Arizona; California; Florida; Georgia; Kentucky; Louisiana; Mississippi; New Jersey; North Carolina; Oklahoma; Ohio; South Carolina; Tennessee; Texas; Washington; and, Wisconsin).

Numbers for DANTES, Troops to Teachers are: 1-800-452-6616/1-800-231-6244 or DSN 922-1234. DANTES is currently accepting applicants for T-T-T this year. If funding is made available, applicants will be considered for funding in order of receipt. DANTES continues to send applicants' names on to interested school district officials.

UH and Tripler Cancer Study Needs Male Volunteers

Healthy men aged 55 and older living on Oahu are being sought to participate in a research project having to do with prostate cancer prevention. The volunteers must be residents of Hawaii. Neighbor Island males who volunteer must be willing to travel to Oahu at least once a year. The project is now going on and will continue for about another 7 years.

The research is funded by the National Cancer Institute and coordinated by the Southwest Oncology Group. The Cancer Center of the University of Hawaii and Tripler Army Medical Center are participants in the program.

Anyone who is interested in volunteering for this prevention trial can call 1-800-422-6237 or 586-2979 for more information.

Next issue: JCAHO Sends Final Results